

# EXHIBIT 19

**From:** Levy, Scott[/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=EF6C6DC5AA0B407FA6A60ED694E3A3D1-LTMV]  
**Sent:** Mon 8/26/2019 2:54:39 PM (UTC)  
**To:** Arenyeka, Paul O. (PaulArenyeka)[PaulArenyeka@chevron.com]  
**Cc:** Frangos MD, Steve (SAFR)[SAFR@chevron.com]  
**Subject:** Re: **[\*\*EXTERNAL\*\*]** Patient MS

I support your decision and appreciate the rereview.  
Scott

Sent from my iPhone

On 26 Aug 2019, at 15:51, Arenyeka, Paul O. (PaulArenyeka) <PaulArenyeka@chevron.com> wrote:

Dear Scott

Thank you for making the effort to engage the specialist in this case and I understand his opinion and recommendations.

However I believe we should still be very cautious. Based on recent developments around increasing medical evacuation from the field there is heightened focus on FFD in field locations by management. The risk of an incident no matter how low is a major factor in Escravos medical care. The logistics of getting an emergency out of Escravos especially when there is weather challenge compounds the risk of an adverse outcome.

I would be cautious about this and maintain our current decision. I discussed this case in view of its impending appeal with the HR & Medical leadership team this morning and the general feeling is that we should maintain the restriction based on the issues already outlined.

I will appreciate your guidance

Best Regards

**Paul Arenyeka MD**

Medical Director  
Nigeria Mid Africa SBU  
✉ [poar@chevron.com](mailto:poar@chevron.com)  
☎ CTN 2772222 ext 67046  
☎ International + (234) -1-3667046

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**From:** Levy, Scott <ScottLevy@chevron.com>  
**Sent:** Saturday, August 24, 2019 8:00 AM  
**To:** Arenyeka, Paul O. (PaulArenyeka) <PaulArenyeka@chevron.com>  
**Cc:** Frangos MD, Steve (SAFR) <SAFR@chevron.com>  
**Subject:** Fwd: **[\*\*EXTERNAL\*\*]** Patient MS

Paul,

I had a conversation with Mark Snookals nephrologist and the info is below. Although not without some risk, I don't think we're dealing with high risk. We can mandate yearly clearance and report from nephrologist on yearly basis. Risk is even lower when we consider that he'll be a rotator.

Scott

Sent from my iPhone

Begin forwarded message:

**From:** "Steven H. Khan" <[Steven.S.Khan@kp.org](mailto:Steven.S.Khan@kp.org)>  
**Date:** 23 August 2019 at 22:35:33 BST  
**To:** "[scottlevy@chevron.com](mailto:scottlevy@chevron.com)" <[scottlevy@chevron.com](mailto:scottlevy@chevron.com)>  
**Cc:** "[mark@maygus.com](mailto:mark@maygus.com)" <[mark@maygus.com](mailto:mark@maygus.com)>  
**Subject:** **[\*\*EXTERNAL\*\*] Patient MS**

Hi Dr. Levy,

I received your voicemail about Mr. MS who is a Chevron employee and my patient here at Kaiser.

I understand he is applying for a job in a rural or remote area of Nigeria and I understand the concern about his aortic aneurysm.

I just spoke to Mr. MS and received his permission to email you back. I am also copying him on this email.

Mr. MS's aneurysm is relatively small and considered low risk. His Thoracic aortic aneurysm size is 4.1-4.2 cm on his most recent CT scan.  
From the published studies, the risk of rupture or dissection is 2% per year for aneurysms between 4.0 and 4.5 cm (Ann Thor Surg 2002 Vol 73, pg 17-28, figure 3).

Further, the average rate of growth of thoracic aortic aneurysms is 0.1%/year and Mr. MS's aneurysm has not changed between his CTs in May 2016, May 2017, and April 2019.

Since Mr. Snookal's aneurysm has not shown any growth for 3 years, his risk may be lower than the published 2% number above which would be based on "average" growth rates.

Finally, the studies of risk of rupture are fairly old (2002) and treatment has improved as has our understanding of aortic aneurysms.

For example, animal studies have shown a significant benefit from use of Angiotensin Receptor Blockers (ARB) in preventing or even reversing aortic aneurysm growth and Mr MS

Is on an ARB.

In summary, Mr. MS's risk of serious complications related to his thoracic aortic aneurysm is low and likely less than 2% per year.

The risk is primarily related to further enlargement of the aneurysm which can be tracked with an annual CT scan.

If you have any further questions, please feel free to email me or call me.

Best regards,

S. Khan, MD

Clinical Associate Professor, UCLA School of Medicine

Heart Failure and Transplant Cardiology, Kaiser Permanente

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**From:** Levy, Scott[/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=EF6C6DC5AA0B407FA6A60ED694E3A3D1-LTMV]  
**Sent:** Tue 8/20/2019 4:05:53 PM (UTC)  
**To:** Frangos MD, Steve (SAFR)[SAFR@chevron.com]  
**Cc:** Arenyeka, Paul O. (PaulArenyeka)[PaulArenyeka@chevron.com]  
**Subject:** Re: Nigeria Medical Determination

Got it. Thanks.

Sent from my iPhone

On 20 Aug 2019, at 17:31, Frangos MD, Steve (SAFR) <SAFR@chevron.com> wrote:

Scott / Paul: the employee reached me Friday evening, through guidance from another employee. I shared with him what Paul and I had determined in our review of the case: that he was deemed not fit for assignment in Escravos because of the location; but would have been fit if assignment was to Lagos.

He said he planned to appeal the medical clearance decision.

**Stephen Frangos, MD, MPH, FACOEM**

Regional Manager, Health and Medical – Americas

TR & HM COE

safr@chevron.com

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Mobile [REDACTED]

Chevron Malaria Hotline for any questions about symptoms or treatment- +1 866 276 5118

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---

**From:** Levy, Scott <ScottLevy@chevron.com>  
**Sent:** Tuesday, August 20, 2019 8:44 AM  
**To:** Arenyeka, Paul O. (PaulArenyeka) <PaulArenyeka@chevron.com>  
**Cc:** Frangos MD, Steve (SAFR) <SAFR@chevron.com>  
**Subject:** RE: Nigeria Medical Determination

Understood. Does he know this?

**Scott Levy**

Regional Medical Manager, Europe, Eurasia, Middle East & Africa

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Office- +44 (0) 207 719 3390 (Also serves 24/7 medical emergency support)  
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Mobile- [REDACTED]  
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[ScottLevy@chevron.com](mailto:ScottLevy@chevron.com)

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---

**From:** Arenyeka, Paul O. (PaulArenyeka)  
**Sent:** 20 August 2019 11:58  
**To:** Levy, Scott <[ScottLevy@chevron.com](mailto:ScottLevy@chevron.com)>  
**Cc:** Frangos MD, Steve (SAFR) <[SAFR@chevron.com](mailto:SAFR@chevron.com)>  
**Subject:** RE: Nigeria Medical Determination

Good morning Scott

He was deemed not fit for assignment in Escravos because of the location. He would have been fit if assignment was to Lagos. it is left for his team to consider re-assignment to Lagos if that is their decision

Best Regards

**Paul Arenyeka MD**

Medical Director  
Nigeria Mid Africa SBU  
✉ [poar@chevron.com](mailto:poar@chevron.com)  
☎ CTN 2772222 ext 67046  
☎ International [REDACTED]

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---

**From:** Levy, Scott <[ScottLevy@chevron.com](mailto:ScottLevy@chevron.com)>  
**Sent:** Tuesday, August 20, 2019 8:27 AM  
**To:** Frangos MD, Steve (SAFR) <[SAFR@chevron.com](mailto:SAFR@chevron.com)>; Arenyeka, Paul O. (PaulArenyeka)

<PaulArenyeka@chevron.com>

**Subject:** FW: Nigeria Medical Determination

Just trying to find where we left this. Has anyone reviewed if assignment could be Lagos?

**Scott Levy**

Regional Medical Manager, Europe, Eurasia, Middle East & Africa

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---

**From:** Cortina, Yvette

**Sent:** 19 August 2019 23:13

**To:** Levy, Scott <[ScottLevy@chevron.com](mailto:ScottLevy@chevron.com)>

**Cc:** Snookal, Mark <[Mark.Snookal@chevron.com](mailto:Mark.Snookal@chevron.com)>

**Subject:** FW: Nigeria Medical Determination

Hello Dr. Levy,

Mr. Mark Snookal (MVZM) reached out to me last week in regards to his Expatriate Assignment Recommendation. He was recently deemed "Not Fit" for assignment and would like to appeal this decision. Initial Assignment offer is Rotational to Escravos, Nigeria.

He has not received his medical results.

Thank you!

Regards,

Yvette Cortina | Administrative Assistant, Expatriate Health Services | 713-372-5926 |  
[yvette.cortina@chevron.com](mailto:yvette.cortina@chevron.com)

---

**From:** Snookal, Mark <[Mark.Snookal@chevron.com](mailto:Mark.Snookal@chevron.com)>

**Sent:** Monday, August 19, 2019 9:30 AM

**To:** Cortina, Yvette <[Yvette.Cortina@chevron.com](mailto:Yvette.Cortina@chevron.com)>

**Subject:** Nigeria Medical Determination

Good morning Yvette,

I never heard from anyone from your group on Friday and am hoping to get in touch with someone soon. In the meantime, I would like to request the records used to make the “not fit” determination as is my right.

Thanks,

Mark Snookal  
IEA Reliability Team Lead

**Chevron Products Company**

El Segundo Refinery  
324 W. El Segundo Blvd.  
El Segundo, CA 90245  
Tel 310.615.5208  
Mobile 310.678.5914  
[Mark.Snookal@chevron.com](mailto:Mark.Snookal@chevron.com)



**From:** Levy, Scott[/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=EF6C6DC5AA0B407FA6A60ED694E3A3D1-LTMV]  
**Sent:** Tue 8/27/2019 10:13:58 AM (UTC)  
**To:** Seca Torres, Eldyleida[eldyleidasecatorres@chevron.com]  
**Subject:** Re: Msea

Disregard.

Sent from my iPhone

> On 27 Aug 2019, at 11:02, Seca Torres, Eldyleida <eldyleidasecatorres@chevron.com> wrote:

>

> Should I request that the clearance given be placed on hold?

>

>

> -----Original Message-----

> From: Levy, Scott <ScottLevy@chevron.com>

> Sent: Friday, August 23, 2019 5:14 PM

> To: Seca Torres, Eldyleida <eldyleidasecatorres@chevron.com>

> Subject: Msea

>

>

> I don't know who the msea advisor is for Mark Snookal but can you inform them that we're reviewing his msea eval for escravos. This was previous sent as not ffd but I'm performing a second review.

>

> Thanks,

>

> Scott

> Sent from my iPhone

**From:** Asekomeh, Eshiofe [DELOG][O=CHEVRON/OU=AG02/CN=RECIPIENTS/CN=EAEV]  
**Sent:** Wed 8/7/2019 4:25:04 PM (UTC)  
**To:** Pitan, Olorunfemi (femi.pitan)[femi.pitan@chevron.com]  
**Subject:** FW: Snookal, Mark- Medical report

Ma,  
Below is response from Dr. Akintunde. I have given her update on the Cardiologist report. I also engaged her on the pulse rate and we agreed on the fact that this could signify either the employee is already on a beta blocker and did not mention it on his form GO-146 or this is the reason why he is not on the beta blocker.

Warm regards,

Eshiofe Asekomeh

---

**From:** Akintunde, Ujomoti <UJOM@chevron.com>  
**Sent:** Wednesday, August 07, 2019 5:08 PM  
**To:** Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>  
**Subject:** RE: Snookal, Mark- Medical report

Dear Dr Asekomeh,

I concur with my colleagues. With an aortic root of 4.2cm, he is 'low risk' but not 'no risk'. I would however be more comfortable if he were on a beta-blocker as one of his meds or in addition to current meds. The fact that he does not smoke cigarettes is beneficial. There could be a reason his cardiologist did not put him on a beta-blocker. Could he have a contraindication such as asthma, COPD or allergy?  
Is there a medical report from his cardiologist? I only see imaging reports.

Kind regards,  
Ujomoti Akintunde

---

**From:** Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>  
**Sent:** Tuesday, August 6, 2019 12:35 PM  
**To:** Akintunde, Ujomoti <UJOM@chevron.com>  
**Subject:** FW: Snookal, Mark- Medical report

Good day,

Please see mail trail below.

Warm regards,

Eshiofe Asekomeh

---

**From:** ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>  
**Sent:** Monday, August 5, 2019 5:55 PM  
**To:** Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>

**Cc:** Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>

**Subject:** RE: Snookal, Mark- Medical report

Sir/Ma,

I agree with Dr Aiwuyo submissions on above employee, especially the precautionary measures highlighted which we need to further reiterate to our client.

I have a little concern about his choice of anti-hypertensives (Losartan and Amlodipine). Guideline-directed management recommends Beta-blockers like Carvedilol, Bisoprolol as part of his blood pressure control meds with a systolic BP target of less than 120mmHg (Thoracic aortic aneurysm and documented runs of premature ventricular complexes).

It will be nice if this is brought to the attention of his physician.

Kind regards,

Victor.

---

**From:** Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>

**Sent:** Monday, August 5, 2019 2:26 PM

**To:** Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>; ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>

**Cc:** Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>

**Subject:** RE: Snookal, Mark- Medical report

Good day,

With regards to this expert, 47years old employee with CT and ultrasound evidence of Thoracic aortic aneurysm,

It was documented in the report that he has aortic dilatation of 4.4cm on ECHCARDIOGRAPHY,

however CT aortography which is a more accurate imaging modality revealed a maximum value of 4.2cm max at the aortic root and 4.1cm max at the descending thoracic aorta.

From the Canadian guidelines these values appear low risk for a major adverse CV event. Some have used values of <4.5cm as partition value for low risk situations., link below refers.

<https://www.ucalgary.ca/FTWguidelines/content/aortic-aneurysm>

it is expected that every aneurysm must be subjected to 6months- 1year assessment to ascertain the rate of progression (>1cm is an indication for repair). I feel there should be a concrete plan by his home cardiologist for this

evaluation.

Below are my response to the questions put forward:

1. Complications associated with aneurysms include

- a. Rupture/dissection ( sudden and catastrophic) and its attendant sequela
- b. Thromboembolic phenomenon

- c. Pressure symptoms on other vital organs
- d. Sudden death

2. In Escravos unfortunately we are only limited to initial stabilization and transfer of such high risk CV complications if any occurs. In the unlikely event of any of the aforementioned complications, we may not be able to support

such an individual due to our peculiarities.

3. Instructions for the patient

- avoid lifting heavy objects
- quit smoking (if he is a smoker)
- manage hypertension strictly, there is need to aim for lower targets <120mmhg systolic (DOC beta blockers)
- watch out for alarm symptoms like pain in the chest (throbbing, tearing, aching or sharp pain, often sudden), pain in the back, nausea, vomiting, fainting, and systemic shock
- avoid moderate to high intensity exercises as much as possible

I made effort to search the MEP if there are clear cut field guidelines for patient with aortic aneurysm, unfortunately I found none. What is established is that a patient with symptomatic aneurysm should not be allowed to work in an offshore location.

I am still open to further discussions on this sir.

Warm regards.

***DR. AIWUYO, HENRY***

OH Physician/Cardiologist

EGTL clinic

EXT-77943

B2B dr oyebowale olaniyi

*"as to diseases, make a habit of two things- to help, or at least, to do no harm"*

*hippocrates*

---

**From:** Asekomeh, Eshiofe [DELOG] <[EAEV@chevron.com](mailto:EAEV@chevron.com)>

**Sent:** Monday, August 5, 2019 11:43 AM

**To:** ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <[DNOY@chevron.com](mailto:DNOY@chevron.com)>

**Cc:** Aiwuyo, Henry [SERVITICO] <[henryaiwuyo@chevron.com](mailto:henryaiwuyo@chevron.com)>; Pitan, Olorunfemi (femi.pitan) <[femi.pitan@chevron.com](mailto:femi.pitan@chevron.com)>

**Subject:** FW: Snookal, Mark- Medical report

Good day,

EXHIBIT 19/11

CUSA0001488

Below mail trail refers. Kindly help evaluated medical documents and attached Cardiologist report for above named EE who is coming to Escravos from the USA. His job description is- Reliability Engineering Manager.

Kindly review around the following key points:

1. Potential complications and the likelihood of progression
2. Management of these complications even if only initial intervention vis-à-vis available care level in Escravos
3. Possible instructions to communicate to employee as per preventing complications.

Thanks for your usual help.

Warm regards,

Eshiofe Asekomeh

---

**From:** Asekomeh, Eshiofe [DELOG]  
**Sent:** Tuesday, July 30, 2019 7:44 PM  
**To:** Pitan, Olorunfemi (femi.pitan) <[femi.pitan@chevron.com](mailto:femi.pitan@chevron.com)>  
**Cc:** NIGEC Staff Physicians (I9esc300) <[L9ESC300@chevron.com](mailto:L9ESC300@chevron.com)>  
**Subject:** Snookal, Mark- Medical report

Good day Ma,

I will like to discuss Mark Snookal (Manager, Reliability Engineering) with you tomorrow. He is on transfer from EI Segundo, USA to Escravos, Nigeria on international assignment. He has aortic root dilatation and was reviewed by a Cardiologist April this year. The examining Physician in the US had declared him fit with limitation (not to lift weight above 50 pounds) Attached are the medical reports and the Cardiologist report from April, 2019.

Warm regards,

Eshiofe Asekomeh

**Dr. Asekomeh E.G**  
**Chevron Hospital**  
**Warri, Nigeria**

**From:** Pitán, Olorunfemi (femi.pitan)[femi.pitan@chevron.com]  
**Sent:** Wed 8/7/2019 3:20:05 PM (UTC)  
**To:** Asekomeh, Eshiofe [DELOG][EAEV@chevron.com]  
**Subject:** RE: Medical summary - Snookal, Mark

Thanks for the follow-up and updates.

---

**From:** Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>  
**Sent:** Wednesday, August 7, 2019 3:17 PM  
**To:** Pitán, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>  
**Subject:** RE: Medical summary - Snookal, Mark

Good day Ma,

Unfortunately Dr. Aiwuyo is unable to get any other literature on risk stratification aside from the one he already referenced (Canadian).  
Literature on risk of complications post- surgery exist but is not relevant here. I hinted Dr. Akintunde on the urgency of the review and she promised to review the case possibly today.  
I have not been able to catch her on phone today. I am still hopeful she will revert back before the end of the day. I will keep trying to reach her.

Warm regards,

Eshiofe Asekomeh

---

**From:** Pitán, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>  
**Sent:** Wednesday, August 7, 2019 1:41 PM  
**To:** Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>  
**Subject:** RE: Medical summary - Snookal, Mark

Excellent summary! Thanks a million.

- Is Dr Aiwuyo (or Dr Oyebowale) able to do a further risk stratification, based on percentage likelihood of occurrence of each complication in this client?
- When should I expect Dr Akintunde's review?

I totally appreciate all your help.

Kind regards,  
Femi Pitán

Dr O.C. Pitán  
OH Physician/ Head, Occupational Health  
Nigeria Mid Africa Strategic Business Unit  
✉ [femi.pitan@Chevron.com](mailto:femi.pitan@Chevron.com)  
☎ CTN 2772222 ext 61807

International [REDACTED]

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**From:** Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>  
**Sent:** Wednesday, August 7, 2019 1:31 PM  
**To:** Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>  
**Subject:** Medical summary - Snookal, Mark

Good day Ma,

Please find attached, medical summary for above named employee as requested.  
Also attached, are the recent Cardiologist clearance and the CTA/ Echo reports from April.

Warm regards,

Eshiofe Asekomeh

**Dr. Asekomeh E.G**  
**Chevron Hospital**  
**Warri, Nigeria**

**From:** Levy, Scott [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=EF6C6DC5AA0B407FA6A60ED694E3A3D1-LTMV]  
**Sent:** Tue 8/20/2019 1:53:32 PM (UTC)  
**To:** Arenyeka, Paul O. (PaulArenyeka)[PaulArenyeka@chevron.com]  
**Cc:** Frangos MD, Steve (SAFR)[SAFR@chevron.com]  
**Subject:** RE: Nigeria Medical Determination

Thanks. I'll handle and work with HR as well.

**Scott Levy**

Regional Medical Manager, Europe, Eurasia, Middle East & Africa  
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[ScottLevy@chevron.com](mailto:ScottLevy@chevron.com)

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---

**From:** Arenyeka, Paul O. (PaulArenyeka)  
**Sent:** 20 August 2019 14:49  
**To:** Levy, Scott <ScottLevy@chevron.com>  
**Cc:** Frangos MD, Steve (SAFR) <SAFR@chevron.com>  
**Subject:** RE: Nigeria Medical Determination

Not sure, perhaps you can let him know?

Best Regards

**Paul Arenyeka MD**

Medical Director  
Nigeria Mid Africa SBU



✉ [poar@chevron.com](mailto:poar@chevron.com)

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**From:** Levy, Scott <[ScottLevy@chevron.com](mailto:ScottLevy@chevron.com)>

**Sent:** Tuesday, August 20, 2019 2:44 PM

**To:** Arenyeka, Paul O. (PaulArenyeka) <[PaulArenyeka@chevron.com](mailto:PaulArenyeka@chevron.com)>

**Cc:** Frangos MD, Steve (SAFR) <[SAFR@chevron.com](mailto:SAFR@chevron.com)>

**Subject:** RE: Nigeria Medical Determination

Understood. Does he know this?

**Scott Levy**

Regional Medical Manager, Europe, Eurasia, Middle East & Africa

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**From:** Arenyeka, Paul O. (PaulArenyeka)

**Sent:** 20 August 2019 11:58

**To:** Levy, Scott <[ScottLevy@chevron.com](mailto:ScottLevy@chevron.com)>

**Cc:** Frangos MD, Steve (SAFR) <[SAFR@chevron.com](mailto:SAFR@chevron.com)>

**Subject:** RE: Nigeria Medical Determination

Good morning Scott

He was deemed not fit for assignment in Escravos because of the location. He would have been fit if assignment was to Lagos. It is left for his team to consider re-assignment to Lagos if that is their decision

Best Regards

**Paul Arenyeka MD**

Medical Director  
Nigeria Mid Africa SBU  
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**From:** Levy, Scott <[ScottLevy@chevron.com](mailto:ScottLevy@chevron.com)>  
**Sent:** Tuesday, August 20, 2019 8:27 AM  
**To:** Frangos MD, Steve (SAFR) <[SAFR@chevron.com](mailto:SAFR@chevron.com)>; Arenyeka, Paul O. (PaulArenyeka) <[PaulArenyeka@chevron.com](mailto:PaulArenyeka@chevron.com)>  
**Subject:** FW: Nigeria Medical Determination

Just trying to find where we left this. Has anyone reviewed if assignment could be Lagos?

**Scott Levy**  
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**From:** Cortina, Yvette  
**Sent:** 19 August 2019 23:13  
**To:** Levy, Scott <[ScottLevy@chevron.com](mailto:ScottLevy@chevron.com)>  
**Cc:** Snookal, Mark <[Mark.Snookal@chevron.com](mailto:Mark.Snookal@chevron.com)>  
**Subject:** FW: Nigeria Medical Determination

Hello Dr. Levy,

Mr. Mark Snookal (MVZM) reached out to me last week in regards to his Expatriate Assignment Recommendation. He was recently deemed "Not Fit" for assignment and would like to appeal this decision. Initial Assignment offer is Rotational to Escravos, Nigeria.

He has not received his medical results.

Thank you!

Regards,

Yvette Cortina | Administrative Assistant, Expatriate Health Services | 713-372-5926 |  
[yvette.cortina@chevron.com](mailto:yvette.cortina@chevron.com)

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**From:** Snookal, Mark <[Mark.Snookal@chevron.com](mailto:Mark.Snookal@chevron.com)>  
**Sent:** Monday, August 19, 2019 9:30 AM  
**To:** Cortina, Yvette <[Yvette.Cortina@chevron.com](mailto:Yvette.Cortina@chevron.com)>  
**Subject:** Nigeria Medical Determination

Good morning Yvette,

I never heard from anyone from your group on Friday and am hoping to get in touch with someone soon. In the meantime, I would like to request the records used to make the "not fit" determination as is my right.

Thanks,

Mark Snookal  
IEA Reliability Team Lead

**Chevron Products Company**

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